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ORIGINAL DEPARTMENT.

Communications.

FRACTURE AND AMPUTATION OF LEG.

By E. A. OPPELT, M. D.,

Of Tuscarawas, Ohio.

I shall perhaps interest some of your readers by relating my own case.

On the 8th of November, 1867, I had a fall, which was occasioned by the slipping of a ladder, upon which I stood about ten feet above the ground. It resulted in a fracture of my leg, just above the right ankle. The tibia protruded through the boot-leg, and the fibula was fractured in two places, about an inch apart, thus constituting a compound comminuted fracture.

Dr. ECKMAN was sent for, who examined the wound, removed several spiculæ of bone, and adjusted the fracture, whilst I was partially under the influence of ether. After he had the limb dressed, he said, if it were his leg, he would rather have it off than on. He proposed to send for Dr. BUELL, of New Philadelphia, who arrived next morning. After due examination, the latter gave it as his opinion, that I would get along very well, and be able to practice in a few months; and adjusted a splint which was better adapted to the fracture than the one that was on before. Dr. ECKMAN attended me every day. The wound discharged freely at first, the pus being rather unhealthy in character. About the fourth week I took erysipelas, which extended up to the knee, but it was soon arrested by the application of tr. of iodine. In about a week later, an abscess had formed about two inches above the fracture, and one on the external malleolus. Dr. BUEL was again consulted, and it was agreed to remove the present dressing, and to use a fracture-box with the larger part of the sideboards removed, and two iron

straps fastened to the upper edge of the sideboard of the fracture-box, and to suspend the leg and foot on muslin strips fastened to the iron straps, which were also fastened to the footboard of the box.

This arrangement gave them room to open the abscesses and to dress them. I soon suffered a great deal from pain caused by the weight of the limb on the bandages or strips of muslin; my heel also began to slough. I proposed a new box, to be made with sideboards on hinges (from the middle of the leg to the footboard) so that they could be let down in order to dress the wounds or openings. After I had my limb placed in that, I felt much better, the pressure being equal when the bran was packed in around the limb. But the least movement of my leg caused the bones to move at the fracture, the foot being fastened at the footboard. I then had the box suspended by two ropes, causing two pieces of scantling, two inches square, to be mortised together in an L-shape, one end fastened to the foot of the bed, and the other to extend toward the head of the bed. The piece toward the head of the bed had two short pieces of scantling mortised into it, through them were bored holes one and one-half inches in diameter, through these was put a round shaft or windlass, with crank, to which the ropes were fastened. By turning the crank, the box could be gradually elevated, and kept so by keeping the crank from turning, by tying it with a string, or by putting holes through large enough to put a tenpenny nail through them. The box being thus suspended, the least movement caused it to swing, and consequently there was no strain on the parts fractured.

This method of elevating the limb is better than that recommended by HAMILTON in his work on Fractures and Dislocations, especially in cold weather, as it does not interfere with the coverings as much as his. By turning the crank, the limb

can be elevated more steadily than by his apparatus.

Notwithstanding the pains taken by myself and the attending physicians, after lying two months, I had a chill, which lasted about two hours, and was followed with fever, vomiting, and looseness of the bowels, cessation of the discharges of the wound, and swelling of the limb. It was now evident that my only chance was in amputation, and that seemed rather a slim one, as I was considerably reduced already from the continued discharge of pus for over two months. Drs BUELL and CURRY, from New Philadelphia, were sent for, who soon arrived, and as soon as possible proceeded to amputate. Dr. CURRY administered chloric ether, whilst Drs. ECKMAN and BUELL performed the operation half-way between the knee and ankle.

I was entirely unconscious until the last stitch was being put in, which caused me the most intense pain that I ever experienced. I took two ounces of port wine previous to the operation, and continued to take from half an ounce to an ounce, for several days after, every two hours. My appetite was entirely gone. I loathed beef-tea and everything else except sweet cream, as much as I would a dose of oil or salts. I therefore lived on sweet cream and port wine until my appetite returned. I am quite certain that if I had not got the wine or its equivalent, I would have died. I never took anything that seemed to revive me as much as that. Afterward my appetite returned, and I took no more stimulants until I commenced walking on crutches, when I got another quart and used it. The fracture was examined and found to contain a number of spiculae of bone. Some of them were driven in between the tibia and fibula, into the ankle-joint. Could we have known this at first, I would have escaped a great deal of suffering and danger by immediate amputation.

In about four weeks after the amputation I took a chill, which was followed by erysipelas extending up the thigh, which was again checked by the application of tr. of iodine. In about fourteen days after that I was again seized with chill and erysipelas. For several hours previous to the chill I experienced considerable pain in the

inguinal glands. The fever accompanying the erysipelas was intermittent, and was arrested with quinia. The next time that I felt pain in the glands, I took twenty grains of quinia in divided doses, which kept off the attack of erysipelas. In eight weeks after the amputation, the stump was healed over, except that there was a scab on the end of the tibia, which had protruded through the integument after the wound was nearly healed.

Four months after the amputation, I started for the east, and obtained a PALMER leg. Although the stump was very tender, I could walk a little on the limb, as there is no pressure on its extremity. It is now about six weeks since I commenced to wear it, and I can walk very well, and attend to my profession again, as usual.

#### IMPRUDENT APPLICATION OF CARBOLIC ACID.

BY PROF. P. H. VANDER WEYDE, M. D.,  
Of New York City.

Mr. BERGER, a London chemist, lately killed himself by carbolic acid, in attempting to introduce a drop of it in a tooth for the cure of the tooth ache. The London journals say that the remedy was a new one, and that he died as a martyr of science by attempting to test this new remedy, but when we take into consideration that creasote has been used for years for this same purpose, and that this substance owes its principal properties to the carbolic acid it contains, (it being in fact only impure carbolic acid,) there is nothing new in the remedy, besides some dentists in this country have substituted it for the creasote, and I have in the last two or three years prescribed it exclusively for the same purpose. The way to use it is to place a drop on a small cotton plug, and introduce it into the cavity, it is a way which will suggest itself to any one of common sense, even one who has never seen dental operations. Mr. BERGER, however, acted in a most foolish, stupid, and imprudent manner. Dr. METCALF testified that he (BERGER) had fixed an elastic tube 10 feet long to a large glass jar with carbolic acid, had then seated himself in a chair, and

inserted the end of the tube in his mouth, for the purpose of allowing a drop of the liquid to fall into his tooth. He had a brass regulator on the tube to control the quantity of the acid, but it did not act right, and the volatile poison overcame him, he became giddy and fell. Being alone in the room the poison continued flowing, the heart's action was stopped and he died. Comment is unnecessary.

## EDITORIAL DEPARTMENT.

### Periscope.

#### Extirpation of a Scirrhus Uterus.

Dr. A. B. JONES, of Portsmouth, Ohio, in a paper read before the Scioto County Medical Society, (*Western Medical Journal*, April, 1868,) says, I beg leave to submit a succinct account of an operation in which I extirpated a scirrhus uterus *in situ*, assisted by Drs. COTTON, PIXLEY, MCCORNEY, FINCH, and WAHENSWANTS.

I was called, on the 25th of November, 1867, to see Mrs. Francisca Becker. I found her with a scirrhus uterus; she had been put through the usual treatment for "change of life," but was finally consoled with the intelligence that she had a polypus, and that as soon as it would grow a little larger, it should be removed. Mrs. Becker was in her forty-ninth year, of German extraction, and born in Witna, France. She emigrated to the United States in 1853, and had been living in Portsmouth from that date until her death, which took place December 12th, 1867. She had been a strong, muscular woman, well developed, and had always been accustomed to hard labor up to the time of her last illness, which lasted a little over two years. During the last eight months of this period she was confined to her room almost constantly, suffering untold agony. The history she gave me of her suffering, simply amounted to that laid down in the books for scirrhus uterus. With the aid of the touch, the sound, and the speculum, I had no trouble in forming my diagnosis. I told her the character of her trouble, when she told me that her grandmother had died of cancer of the breast. She then asked me if I could cure her. I told her that I had been educated to believe that there was no cure for cancer but the knife. She wanted to know if I could remove the entire womb. I replied that I could, but I did not think her chances of recovery very promising.

After being informed of the risks she would encounter, she decided upon having an operation performed. I then consulted the leading physicians of the city, and fixed upon the 12th of December for the operation. I put her upon quinine, iron, and brandy, for ten days. Such a course of treatment was indicated, even if I had not intended to operate. Being placed in a proper position, chloroform was administered by Dr. COTTON; she went under the influence of it very kindly. I then, with a single stroke of the scalpel, opened the abdomen to the peritoneum, from about an inch above the umbilicus to the pubes. I then opened the peritoneum the entire length of the incision. The uterus being almost impervious, I was unable to introduce a sound higher up than about one and a half inches. I did not empty the bladder entirely, thinking I could mark its boundary better, and be less apt to wound it, if it contained some fluid. The omentum welled up like a fleece of wool, the bowels were kept in position by the assistants. The remaining part of the operation had to be performed entirely by the sense of touch. I readily found the uterus, but could not raise it half an inch from its bed. I had relied much upon my sound, thinking that when I had cut down, I could then force it in, and tilt the fundus of the uterus up, until I could ligate the vessels and divide the broad ligaments, but in this I was entirely foiled. I then discovered that the disease had eaten through the walls of the uterus into the cavity of the pelvis, about one inch and a half above the os, forming an opening nearly one inch in diameter. Finding the broad ligaments much contracted by the long induration of the uterus, and all my efforts futile in raising the organ up, I tried to transfix the vessels with a needle armed with a whip-cord ligature, but here was again foiled; my needle was too long (being about two and a half inches in length), I could not turn the point of it upward without danger of wounding the intestines, neither was there space enough in the pelvic cavity. If my needle had been about one inch and a quarter long, and nearly in the shape of a half circle, I could have succeeded, without much serious trouble, in getting my ligature through and around the upper half of the broad ligament. Having the point of my needle inserted just below the ovaries, I guarded its point with the index finger of the left hand, and with its sharp edges I made an opening half an inch in length; I then introduced the forefinger of my left hand with it, withdrew the needle, carried a ligature down with my right hand, introduced it, and without a

great deal of trouble secured the vessels. I then secured those on the opposite side in the same way, except that I used a sharp-pointed scalpel to make the opening in the broad ligament, instead of the needle. I then, with a blunt-pointed curved bistoury, divided the upper half of each broad ligament; I was then enabled to tilt the fundus of the uterus to a level with the abdominal walls, and then, without a great deal of trouble, passed a ligature around the lower half of the ligament, and divided it as I did the upper half. It now only remained for me to separate the neck from the vagina; this I had to accomplish entirely by the sense of touch; and with the bladder anteriorly, a portion of the small intestines between it and the uterus, and the rectum posteriorly, it required great care to keep from wounding some of them. But, with the aid of a blunt-pointed bistoury, I succeeded in separating it, having previously peeled the peritoneum from it, with my finger-nails and the handle of a scalpel. The incision was secured by sutures, no adhesive plaster was used. I do not think she lost more than about two or three ounces of blood during the operation, which lasted, from the time of the first incision until it was closed, forty-five minutes. She soon rallied from the effects of the chloroform, and appeared strong and cheerful. I remained with her about three hours, then went home, but was sent for in about an hour. When I arrived, I found her sinking very rapidly. She lived about five hours and a half. I was unable to make an autopsy, consequently, I cannot say positively whether she died from internal hemorrhage or from nervous shock. The extirpated uterus measured five inches in length, seven and three-quarter inches in circumference, and weighed six and a quarter ounces. The disease extended through the entire organ; it was almost impervious, admitting only the smallest-sized probe—the surrounding tissues felt natural. I know not whether the attempt has ever been made before to extirpate a scirrhus uterus *in situ*. The success or failure of a single operation of such magnitude, I opine, would weigh but little with the thinking and well educated surgeon. SIMPSON and others give it as their opinion, and autopsy confirms it, that cancer is less liable to affect surrounding tissues, when located in the uterus, than when seated in any other organ. LANGENBECK reports a case in which he extirpated a procident scirrhus uterus, in which the patient enjoyed good health for twenty years afterward, and even then did not die of cancer. No such results have ever been obtained from extirpating scirrhus tumors

when found in any other organ. These facts are pertinent if the operation is practicable at all; and, without wishing to seek notoriety, or shirk responsibility, I give it as my opinion, that there is no more danger, immediate or remote, to the patient, from extirpating the scirrhus uterus *in situ*, than there is from other operations that are sanctioned by the books, and almost daily performed, and certainly there are but few, if any, more imperative.

#### The Value of Medicine.

Mr. WILLMOTT, a London chemist, in investigating the true value of medicine in the treatment of disease, (*The London Chemist and Druggist*, June 15th,) submitted to a careful examination one thousand prescriptions, taken *seriatim* from the files of a dispensing shop. His results are curious. He gives them as follows:

"Whilst the Pharmacopœia contains 768 medicaments, simple and compound, medical men do not adopt in actual practice more than 485; and what is rather remarkable, three-fourths, or 75 per cent., of these occur less than once in every 100 prescriptions written; so that if we take the remaining fourth, or the leading remedies, as they may be called, we shall find that these are prescribed three times where the rest are only prescribed once. The inference to be drawn from this is, that if a medical practitioner were to treat disease with these 120 leading medicines, according as he may select them, and no others—presuming the whole 485, now in use, to be of equal value—the 'odds,' if I may be allowed the expression, would be one to three against his success, as compared with the practitioner who held the advantage of the entire range of remedies; but as these medicines are not all of equivalent value, as shown by the fact that 75 per cent. occur less than once in every 100 prescriptions, the advantage of the additional number above one fourth would be so reduced as to render the chances of the two practitioners very nearly equal. We shall see what further inference can be drawn in this direction.

It is impossible to pass over the fact that a few medicines take the lead in medical practice to the comparative exclusion and neglect of all the rest. Quinine heads the list by a long way, then comes chloric ether, bicarbonate of potash, aromatic spirit of ammonia, iodide of potassium, mercurial pill, compound extract of colocynth, and so on. Twenty-five of these medicines show an average occurrence of one in seventeen prescriptions, whilst those which remain, taken collectively, show an average occurrence of once in

one hundred and sixty-six prescriptions. This is scarcely, perhaps, a fair calculation, but the difference is a very wide one, and serves to show where the greatest reliance in the power of drugs may be found to exist.

With regard to the prescriptions examined, it is well worthy of note, that of the 485 medicines ordered or prescribed, 429 are to be met with in the *Pharmacopœia*; a result showing the desirability of a thorough knowledge and appreciation on our parts of this important work.

It is perhaps, however, in the form of simple remedies that we shall best estimate the value of the medicines prescribed by the physician. Here the number is reduced to 171, and the order of things is somewhat changed. Mercury takes the lead, and stands prominently at the head of the list. Mercury, the very name of which strikes terror into the minds of nervous and timid patients, is still the foremost remedial agent employed by the medical profession. After mercury we have potash, then bark, then opium, and then iron. If we take twenty-five of these leading simple substances, as in the case of the compounds, we shall find that 95 per cent. of all the prescriptions written, contain one or more of them in some recognized form. This, I think, brings the whole matter into the smallest compass, and places us in a position to offer such further brief comments as the subject may seem to require.

Mercury, potash, bark, opium, and iron: Are these medicinal substances of any service in combating the symptoms of disease? If not, the whole system of medicine is shaken, and scepticism is only too well founded. If, on the contrary, they are of service, then it is true philosophy to extend our faith, and, in the absence of certainty, or in the absence of probably injury from such a course, rely on what is possible as regards the entire scope of the *Materia Medica*. Much, I think, may be said to show, in a manner sufficiently conclusive, that, with respect to disease, medicine possesses a power, the absence of which would inevitably lead to additional and prolonged suffering. But it is to be specially remembered that this power is limited. If you ask me where such limit terminates, I reply that it is beyond the scope of our present means to ascertain; but of this we may be certain, that the true value of medicine will be exactly proportionate to the skill with which the remedial power it possesses, within the limit indicated, is developed in each particular case. It is this fact which renders it so undesirable to follow a routine method to the exclusion, perhaps, of timely

and efficient aid. If, indeed, we look at the constancy with which certain medicines are ordered, the treatment of disease would appear, at first sight, to be *solely* a question of routine; these medicines being administered for the relief of a particular set of symptoms, because they have been found from experience to be of service in the majority of such cases. But a prescription is, or ought to be, a scientific document, the result of an adequate knowledge of the physical sciences, and a clear appreciation of all those minutiae with regard to compound medicines which are so essential to their success. If, therefore, to write a prescription were the sole duty of the physician, the course of special study through which he passes would not be lost, but, on the contrary, would maintain all the importance which his additional duties now serve to impart. To obtain the advantage to be derived from medicine to the utmost extent of its limits, in the presence of an uncertainty which ever-varying circumstances must necessarily engender, is a work offering scope for judgment and ability of the highest order. It is quite true that if a powerful drug, such as opium or digitalis, were given to a large number of persons, the similarity of circumstances in each instance would enable us to estimate, with a fair degree of certainty, the probable result. One stomach bears a considerable resemblance to another stomach throughout mankind. It is this similarity which renders any single remedy of known repute applicable to so many cases; and the same may be said, in degree, of almost any drug in the *materia medica*. So far circumstances are sufficiently constant to sanction with a certain reserve, the adoption of such a mode of procedure."

#### Anti-Galactic Properties of Belladonna.

Dr. D. W. STORMONT, of Topeka, Kansas, in a communication to the *Leavenworth Medical Herald*, in detailing a case in which he had, after two confinements, been called on to treat a patient for mammary abscess, in both of which he stopped the secretion of milk in the affected breast, by the application of belladonna, (ext. belladonna ʒij., aquæ f.ʒj.), painted over the breast, refers especially to the anti-galactic properties of belladonna, as illustrated in the case, and confirmed by no inconsiderable experience.

"By its application the lacteal secretion may be entirely dried up, or only restrained, at the option of the physician, in one breast without producing much effect on the other. Hence it is

invaluable in mammary abscesses, both as a prophylactic and as a curative agent. It is equally valuable in milk fistula, which is sometimes as annoying to the physician as it is disgusting to the patient. He does not claim it to be a specific in these affections, but that its power to restrain the secretion of milk, to almost any extent, when used with energy and judgment, is as certain as are the peculiar properties of any other drug. It is a most valuable addendum in the treatment of such cases, and its use will not interfere with the employment of any other remedies deemed necessary. It occasionally produces constitutional symptoms in the mother, and he always enjoins great caution in nursing the child from the breast to which it is applied, relying upon other means to abstract the milk, until the secretion is arrested by the belladonna.

#### Account of a Human Monster.

The following interesting description of a human monster sent to us from Nashville, Tenn., will be read with interest. The examination was made by Drs. JOSEPH JONES and PAUL F. EVE. A full description is to appear in the *Richmond and Louisville Medical Journal*.

"The infant, Josephine Myrtle Corban, has four legs and two distinct external female organs of generation, with two external openings of the urethra and two external openings of the double rectum. The external genito-urinary organs are as distinct as if they belonged to two separate human beings. The feces and urine are passed (most generally simultaneously, particularly the urine,) from both external urinary and intestinal openings, situated respectively between the left and right pairs of legs.

The head and trunk are those of a living, well-developed, healthy, active infant of about five weeks, whilst the lower portion of the body is divided into the members of two distinct individuals, near the junction of the spinal column with the *os sacrum*. As far as the examination could be prosecuted in the living child, the lower portion of the spinal column seems divided or cleft, and there are *two pelvic arches supporting the four limbs*, which are situated upon the same plane.

Josephine Myrtle is the third offspring of W. H. and Nancy Corban, aged twenty-five and thirty-four, the wife being the senior by nine years. They are so much alike in appearance, having red hair, blue eyes and very fair complexion, as to produce the impression of their being blood kin, which, however, is not the case

Mrs. Corban is from North Alabama, had borne one child to a former husband, the child having dark coloring, and resembling mostly the father, who had black hair and eyes. Her three children are all girls; the one already alluded to, now six years old, another three, and this *infant monstrosity*, now to be more minutely described, born the 12th of May, 1868, in Lincoln county, Tennessee.

Mr. Corban is a Georgian, served in the Confederate army through the war, and was severely wounded in the right arm and left hand. The parents are in fair health, though the mother is *anemic*. She recollects no fright or disturbance during her last pregnancy. The presentation was fortunately the head, which accounts for the preservation of the life of the child. It would be curious to speculate on the trouble which might have been produced had the feet or breech presented, while the result, in all probability, would have proved fatal to the infant, and possibly to the mother. Mrs. Corban says that there was nothing peculiar in the labor or delivery. When three weeks old the child weighed ten pounds. It now nurses healthily, is thriving well, and can urinate simultaneously, between the *two pairs of labia of the two vaginae*, situated about six inches apart. From the crown of the head to the *umbilicus* the child measures twelve inches, and from this point to the toes of the right and left external feet, eleven inches. From the *umbilicus* up, all is natural and well formed; all below this, extraordinary and unnatural. An inch below the navel is a mark of an apparent failure for a second one. There are four distinct pretty well developed, lower extremities. They exist in pairs on both sides of the medium line which resembles the cleft of an ordinary pair of legs; but here there are no marks whatever of *anus* or *genital* organs, and upon pressure we discover no *os coccygis* or *sacrum*. The outer legs of both sides are the most natural of the four, (though the foot of the right one is clubbed,) but are widely separated by the two supernumerary ones, which are less developed, except at their junction with the body, from which they taper to the feet and toes more diminutive and which are turned inwards. One toe is bifid on the left extra inward extremity. At birth these extra legs were folded flat upon the abdomen. There are probably *two uteri as well as two recti*; in fact the pelvic organs are double. Of course a minute dissection would alone expose the true condition of these parts.

Should this infant reach maturity and the internal generative organs be double, there is

nothing to prevent conception on both sides. The first difficulty will, however, be in her walking. The outer, or external legs, may be used for progression; the inner, or intumed ones, probably never. These might be successfully amputated at the knée, or higher up."

#### Obstetrical Instruments.

At an obstetric clinic at Bellevue Hospital, Feb. 27th, reported in the *N. Y. Medical Gazette*, March 14th, Dr. GEORGE T. ELLIOTT exhibited a case of obstetric instruments, and remarked on them as follows:

"In his opinion, the ordinary leathern roller was the best and most convenient pouch for these instruments. It was portable, and allowed additional ones to be added or substituted for others. If economy were an important object, the instruments need only be few in number, but even then, if they are to be purchased at all, it is best to buy those which may be relied on for a wide range of usefulness. Of course Dr. ELLIOTT had recommended his own forceps, although they presented no such pre-eminent advantages as to make that selection more than a matter of opinion. SIMPSON'S cranioclast as modified in the one displayed, with an attached screw having a very large thread, and longer handles than those of SIMPSON'S, would render the purchase of a crotchet and of a cephalotribe unnecessary until, at least, their practice was of such a nature as to relieve him from any responsibility in advice. He was now speaking to beginners. By disarticulating the bones of the cranium with the cranioclast, the diameters of the base of the skull might often be so diminished as to render delivery possible in very contracted pelvis, while its admirable adaptability for traction, and for breaking up the brain with one blade, made the whole instrument one that reflected additional credit on the powerful and original intellect of Sir JAMES SIMPSON. Still if they desired to purchase a crotchet, the one of CHURCHILL with a double point was the best that had ever been invented. A great deal was said about the risk of tearing the mother's tissues with the crotchet, but he had never heard of an operator's hand being torn but on one occasion, and it was perfectly certain that if the instrument were handled with any moderate skill, the hand of the operator ran the greatest risk. After all, one of the greatest reasons why so many instruments are devised is to be found in the fact that few men, comparatively speaking, handle surgical and obstetrical instruments well, and there was no more sound reason for abusing a crotchet for

tearing a vagina, than there would be for cursing a scapel for laying open structures which should have been preserved intact. The blunt hook was sometimes necessary. Dr. ELLIOTT had always intended to have one constructed on a plan which he had long since thought of, namely, with differently curved hooks screwing into one shank. BLOR'S perforator was incomparably the best for those who only bought a single instrument, as it could do anything that a perforator could do; while the admirable trephine perforator of KILIAN, (which he also showed) could not be employed in some difficult cases of pelvic presentation with the retained head. For the case before them, Dr. ELLIOTT had recommended GARDNER'S lever, undoubtedly the best which had been devised. The beginner need not, however, buy a lever, if economy were any object, for the range of its applicability seems to be very limited. In short, a long forceps, the cranioclast, BLOR'S perforator, a blunt hook, and a long, flexible male catheter, were the instruments that he would advise the beginner to purchase. Those shown were electroplated, which keeps them from rusting and gives them a fresher appearance. Handles should be smooth, so that they could be easily cleaned and would not hurt the hand.

#### Manufacture of Ozone.

Ozone is a powerful disinfectant, and the fact, therefore, that it can be manufactured at little cost on a large scale is worth knowing. For this purpose one of WILDE'S Electro-magnetic machines is used. One has been introduced in a large sugar refinery to bleach the syrup. This it does by the formation of ozone, which is a most powerful bleaching agent; being, according to FARADAY, oxygen in a peculiar, active condition, or according to BUNSEN, compound of hydrogen with 3 or 5 atoms of oxygen, in which compound, following a universal chemical law, the oxygen is very loosely combined and enters more readily into new combinations than simply uncombined oxygen. The apparatus is made by a steam engine of 15 H. P. The coils are four feet high, ten inches thick, and contain each thirty pounds of copper wire. The armature makes not less than 15,000 revolutions in a minute, and the light produced is so strong that the unprotected eye cannot look at it; concentrated with a lens at a distance it ignites combustible substances like sunlight, and the heat may be felt at a distance of one hundred and fifty feet. The working expense, including that of the steam engine, is said to be from fifteen to sixteen cents per hour. In Manchester it is successfully used for

photographing at night. Such a powerful source of electricity, producing a large quantity of ozone from the moist atmosphere can be used for many other manufacturing purposes. Such a machine may be useful in places inhabited by a great number of persons, as hospitals, asylums, and the like.

#### Retroversion of Uterus causing Paralysis of Leg.

Dr. M. M. EATON, of Peoria, Ill., reports, in the *Chicago Medical Examiner*, Jan. 1868, the case of Mrs. K., æt. about 40 years, who was brought about fifteen miles, on a bed, to the city, with great pain in knee and want of power of motion of the left leg. General health good.

*History of the Case.* About two years previous had sprained the knee in alighting from a carriage; some inflammation of the knee followed, partially recovered in a month, when she fell down stairs—knee then became worse, paralysis of leg came on, and she was treated by several good physicians, when the inflammation subsided; but the want of motion and pain continued. She was placed in a "water-cure establishment" for three months, became worse in general health, no improvement in leg, was taken to Chicago, and treated by some one to the writer unknown, except by reputation (which is good), and was considerably improved; returned to her house without the use of her limb, however. This state of affairs continued till Feb. 3d, 1866, with the additional symptoms of irritable bladder, painful menstruation, and difficult defecation. On examining the leg, I found nothing abnormal, and was led to make an examination of the uterus from the obstinacy of the case, as presented in its history, and the present symptoms, and found an enlarged uterus retroverted. There being no symptoms of pregnancy, I introduced the uterine sound the next day, and, much to my surprise, there was a discharge of a pint or more of water, after which I could discover nothing in the cavity of the uterus, and proceeded to lift that organ to its natural position with the sound, by the aid of two fingers in the vagina, the patient being placed on her face, with her hips elevated, which I accomplished readily; kept her in this position twenty-four hours, and then found the uterus had contracted and remained as I had placed it. She was now placed on her side. After a week, applied the solid nitrate of silver to the internal surface of the womb three times, at intervals of three days, when membranes, like those of a ruptured cyst, were expelled, but nothing else. I gave elix.

valerianate of ammon. to quiet the nerves, with tonics, had the affected limb rubbed freely with a stimulating liniment. She rapidly recovered; in three weeks began to walk with a cane; felt some "bearing-down pain;" applied an elastic abdominal supporter, which relieved this symptom.

April 15th. Discharged cured, since which time she has been able to do her work, dance at parties, etc. Now keeps a boarding-house, is perfectly well this 14th of November, 1867. I thought this case worthy of record, as the difficulty of the uterus had been overlooked by those who had treated her for the two years she had been unable to walk, and demonstrates that enlargement of the uterus and misplacement may affect the limbs without producing immediately any symptoms referable to the organ. The discharge of water, I suppose, was caused by the rupture of a large hydatid growth, which I inadvertently ruptured in making an examination, expecting to find a fibrous polypus, which, by its weight, occasioned the retroversion at the time of her fall down stairs. The caustic I used to kill this growth, and prevent its refilling with water, in which I think I was successful.

#### Peritonitis caused by Laceration of the Uterus by the Sound.

At a meeting of the Medico-Legal Society, of New York, (*Medical Record*, Jan. 1,) Dr. NEWMAN detailed a case that occurred in the practice of a medical friend, who had been called to a case of miscarriage at four and a half months, caused, as was alleged, by fright from a collision with a boy on the street, and by unusual walking and excitement. Found external os dilated, internal constricted, and head of fetus presenting. On following day, no progress having been made, and the condition of the patient requiring interference, a uterine sound was carefully introduced, and the membranes separated, first on one side, then on the other. It was followed, in two hours, by the birth of a dead fetus. The placenta and membranes came away without difficulty; the former presenting to the eye the appearance of fatty degeneration. Immediately after this, she was seized with a rigor, and next day had symptoms of violent peritonitis, which terminated fatally in four days. At the autopsy on the following day, the abdominal cavity presented the appearance of recent, extensive, and violent peritonitis. The greater omentum was glued to the intestines beneath. A large quantity of sero-pus welled up from behind the uterus, which organ, as well

as the liver, presented on its surface many patches of recent lymph. The uterine cavity contained some broken-down clots of blood, and the external os was dark-purple, and slightly ragged at one angle. There was also an abnormal canal starting from the cervix quite near the internal os, terminating very soon in a *cul-de-sac* in the uterine muscular wall. It was large enough to admit with ease the passage of the handle of a scalpel, and it was supposed that it was the result of an accident in introducing the sound, notwithstanding the care and circumspection used. It was suggested that the woman might have been tampered with by an abortionist before the physician was called in—not an improbable suggestion.

#### The Bromates.

Dr. RABUTEAU reports in the *Gazette Hebdomadaire de Médecine et de Chirurgie* for April 24th, 1868, the result of a series of experiments made by him with the various bromates, from which he concludes, that they act at first in a manner analogous to the chlorates, but that they are soon changed in the system to bromides, and act then even more actively in this nascent state, than if an equal amount of bromides had been swallowed. He found bromate of potassa more active than bromate of soda, as fifteen grains produced great sedation and nausea in himself, the effects beginning an hour after the salt was taken.

The bromates are more powerful than the iodates. A few minutes after swallowing a bromate, it appears in the urine (in one case ten minutes after taking bromate of soda). After a few hours (seven hours in the above case), no more bromate can be found, but a bromide takes its place, and persists both in the urine and in the saliva for more than a month, even when not over fifteen grains have been taken originally.

For detecting the presence of a bromate, Dr. RABUTEAU has invented a method founded on the power which sulphurous acid possesses of isolating bromine from the bromates, and on the power of bromine of bleaching instantly the solution of indigo in sulphuric acid. He colors feebly with this solution water or urine containing bromic acid, and then adds the solution of sulphurous acid, when the color is instantly lost. He can thus detect the presence of one part bromine to a million of water, or one to half a million of urine.

The detection of a bromide in the urine is not so easy as the usual method of adding chlorine or nitric acid, and then agitating with sulphuret of carbon, which does not produce the characteristic orange-tint unless the bromide is in great

quantity. It is necessary to evaporate to dryness, incinerate the residue, and then add distilled water, and after filtering this solution, the sulphuret of carbon test may be applied. Soda must be added to the urine before evaporation is begun.

#### Midwives for Obstetric Cases.

*The Medical Record*, Dec. 1867, says editorially: "What general practitioner returning from an obstetric call, after having spent with his patient many weary hours, has not felt that it would have been an incalculable relief to him to have shifted the case upon some other one? There is no department in medicine where so much time is spent which is so little recompensed as in obstetrics; and, in view of that fact, the physician has often rightly wished for some substitute who may be competent to care for all his ordinary cases.

The persons to whom we naturally look for a performance of this part of the practitioner's duties are properly educated midwives. It is well known that the plan of confiding obstetric cases, when of simple character, entirely to such females has been for a long time, and still is, in successful operation in Europe; in fact, many of our German and French brethren who are practising in this country are in the habit of entrusting all their cases to them with the most satisfactory results. The midwives referred to are in general exceedingly trustworthy, and being educated to send for the physician whenever any other part than the head of the child presents, they are not likely, unless designedly, through presumption of knowledge, to blunder by incompetent interference.

We are confident that such a system might be inaugurated in this country, and we are equally sure that if it were, the profession generally would give it their hearty support. A good plan would be to form a corporation in connection with some hospital, which should be legally qualified to give the suitable instruction to well recommended applicants, as the necessities of the case require, and also to issue licenses which would be held in the light of diplomas for practice in this particular department and at a particular time; beyond that it is not necessary that we should go. If a well organized corps of obstetric lecturers were established, and regular lectures upon the duties of attendants upon natural labor delivered, it would be calculated to turn the tide of female medical education into a more natural, useful, legitimate, and profitable channel.

## Reviews and Book Notices.

### NOTES ON BOOKS.

We add a few more words on prize essays:

The triennial prize of £300, under the will of the late Sir ASTLEY P. COOPER, Bart., will be awarded, in 1871, to the author of the best essay or treatise on "The Anatomy and Physiology of the Lymphatic System." The adjudicators will consider that essay to possess most merit which contains additional facts respecting the existence of lymphatics in those tissues and organs hitherto thought to be devoid of them; or demonstrates the mode in which they originate, or communicate with the bloodvessels; or explains the functions of the lymphatic vessels or glands in the animal body. Essays, either written in the English language, or, if in a foreign language, accompanied by an English translation, must be sent to Guy's Hospital on or before January 1st, 1871, addressed to the Physicians and Surgeons of Guy's Hospital, from whom the conditions may be learnt.

While on this topic, we feel constrained to notice a pamphlet sent us, entitled, "Literary Larceny; or Prize Essaying made Easy, and Taught in a Single Lesson." It is a charge of plagiarism against Dr. ROBERTS BARTHOLOW, of Cincinnati, and is written by Dr. G. C. BLACKMAN, of that city. It accuses the former of having made a nearly literal translation of TOPINARD's essay on *Ataxie Locomotrice Progressive*, and printed it in the *Cincinnati Journal of Medicine* as an original communication. It appears, however, that Dr. BARTHOLOW did distinctly state that he had made a "liberal use" of TOPINARD's essay; that while he translated quite literally portions of it, he merely made a synopsis of other portions, and introduced also original matter from his own observations. What this fact has to do with prize essays, Dr. BLACKMAN does not state, unless he wants his readers to draw as an inference, that the prizes gained by Dr. BARTHOLOW were by plagiarized essays—an inference no one has the least right to draw. We regret to see the personal animosity shown in this pamphlet, as well as in Dr. BARTHOLOW's article in the August number of the *Cincinnati Medical Repository*. It is not creditable to any writer, nor becoming in a professional man of our day, to descend to personal vilification, and both of them have to a certain degree forfeited their claims upon our respect.

A new medical journal is announced in Baltimore, entitled "*The Baltimore Journal of Medicine and Surgery*." It is stated that one of its most prominent features will be a department especially devoted to the collection and perpetuation of the experience, observations, and discoveries of the medical profession of the South during the recent war. Editors—DRS. EDWARD WARREN and CHARLES W. CHANCELLOR. While we cordially wish this journal success, we see with a regret which is not interested, the establishment of new medical journals. It were far better for the literary talent in the profession to spend itself on a few first-class journals, than to support the short lives of so many second-rate ones.

We have received a copy of the Annual Address of the retiring President of the Ohio State Medical Society, Dr. EDWARD B. STEVENS. It is neatly printed on tinted paper.

Dr. JOHN O'REILLY, of New York, has offered, through the New York Academy of Medicine, a prize of six hundred dollars for an essay on the Physiology and Pathology of the Sympathetic or Ganglionic Nervous System. It is open to all, and any who wish to enter the lists can obtain all further information from Prof. J. C. DALTON, 101 E. 23d street, New York city. The time is limited to next first of March.

The narrow course pursued by a certain medical journal of this city is meeting with what we must call deserved strictures from the medical press. It declines to advertise any other books than those issued by its own house, which, the *New York Medical Journal* thinks, may well cast some suspicion on the character of its notices of new publications generally; it harbors small piques and jealousies of other certain journals, and always avoids quoting from them as much as possible; and, as the *Nashville Journal of Medicine and Surgery* remarks, it strives by means not entirely praiseworthy in respectable journalism, to put itself forward as the leading medical journal of the United States. We are sorry that our cotemporaries find cause for making such complaints of any scientific periodical, especially of one published in Philadelphia. Science is catholic, and its organs and interpreters who allow themselves to be blinded to this truth by small business rivalries or petty selfishness, pave the way to their own discredit.

The Announcement of the Fourth Annual Course of Instruction in the St. Louis College of Pharmacy, has reached us. The branches taught are *Materia Medica*, *Medical Botany*,

Theoretical and Practical Pharmacy, and General Chemistry. Both lectures and examinations are employed to impress the facts on the students' minds. This is good, but we regret that regular recitations and a preliminary examination are not adopted also.

The report of the International Jury of the Universal Exposition of 1867, on *Appareils Orthopédiques*, etc., (Paris, 1867, pp. 24.) The apparatus of Dr. TAYLOR, of New York, is not only mentioned with the highest praise by Dr. BOUVIER, but the Jury speak of it as the only one worth mentioning at all, for its ingenious and practical construction. The instrument is a simple lever, acting from the transverse apophyses, and supporting in the most effective manner the superior extremity of the vertebral column. Dr. TAYLOR is widely known in this country for skill in orthopædic surgery.

The Catalogue of the Missouri Medical College shows that institution in a flourishing condition.

#### The Anatomy and Histology of the Human Eye.

By A. METZ, M. D., Professor of Ophthalmology in Charity Hospital Medical College, Cleveland, Ohio. Philadelphia: Published at the Office of the MEDICAL AND SURGICAL REPORTER. 1868. 1 vol, 8vo., cloth bevelled, pp. xvi. 184. Price, \$2.50.

The author of this work says in his preface, "When a few years ago I commenced teaching ophthalmology, I seriously felt the want of a text book on the Anatomy and Histology of the Human Eye. There does not exist, to my knowledge, a treatise on this subject that includes the results of the labors of the more recent histologists to be found in ophthalmological journals and in memoirs on special subjects. It has been my aim to collect this material into a connected form, and in such a manner as to adapt it alike to the requirements of the medical student and of the practising physician."

After examining the work with considerable care, we must say that the author has achieved the purpose to which he here sets himself, in a manner that will be most creditable to himself and satisfactory to the reader and student. There is certainly not another work extant which combines so exhaustively and presents so clearly the numerous scattered facts illustrating the general and minute anatomy of the eye, anomalies of its structure, the chemical constitution of its varied constituents, its surgical and pathological relations.

On this latter point especially the author has wisely laid considerable stress, and his work will

be found of uncommon practical value in rightly appreciating the lesions and carrying out the surgical treatment of the visual organs.

The contents include all the numerous portions of the eye,—the fibrous tunic, the humors, lenses, muscles, nerves, arteries, veins, lids, glands,—in short, whatever goes to make up this organ of sense. The greatest accuracy is observed in the description of these parts, and the brief yet lucid paragraphs allow no reader an excuse for not understanding thoroughly the whole subject.

Some idea of the exhaustive research of the author may be formed from the "List of Authors consulted" placed at the head of the work. In all there are about forty mentioned, nearly all of them quite late, and many next to impossible for the student to obtain in this country, even in our great cities.

Of the mechanical execution of the work we must speak in high praise. The engravings, seventy-five in number, were all cut expressly for this book by one of our best artists, and the designs are very judiciously chosen to illustrate the anatomy of the organ. The printing is by the "Caxton Press" of this city, whose neat typography is well known. Indeed, we can recommend this work to the profession as most satisfactory, both in its contents and in the way they are presented.

**The Medical Register of the City of New York and Vicinity;** to which is also added Contributions to the Medical History of the City of New York. For the year commencing June 1st, 1868. Vol. VI. Published under the Supervision of the "New York Medico-Historical Society." JOHN SHRADY, M. D., Editor. New York: 1868. 1 vol., 12mo., cloth, pp. 419.

We have previously chronicled the annual appearance of this extremely useful volume. This year it makes its appearance considerably enlarged, and with a great deal of additional matter, of a kind that is more entertaining than a directory, and worth reading by all who would increase their knowledge of the early history of medicine in the United States. About eighty pages of extracts from early records and newspapers are given, which illustrate the condition of the medical fraternity during the last century. The obituaries are quite full, and very well written. All the information that any one can wish about the hospitals, medical schools, hygienic establishments, medical societies, dispensaries, asylums, quarantine, health-board, etc., etc., of New York city is here to be found.

## Medical and Surgical Reporter.

PHILADELPHIA, AUGUST 15, 1868.

S. W. BUTLER, M.D., & D. G. BRINTON, M.D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

### THE MEDICAL AND SURGICAL HISTORY OF THE WAR.

This work is one in whose completion on a scale commensurate with the materials on hand, the profession, not only of this country but of the whole world, is interested, and not merely the profession, but all who are in any way connected—and who is not?—with the great problems of military and general hygiene, military and civil surgery, and of therapeutics and pathology. There never has been any such series of observations as are now on file in the Surgeon-General's Office. We piously hope that the same opportunities never again will recur to institute them. We doubt if in this country they ever will. But everywhere, in peace and war, at home and abroad, the rich results of those years of war properly arranged and exhibited, would bring blessings and relief to thousands of sick and wounded, and would reflect an undying credit on the staff that had the skill and patience to make and reduce these investigations, and on the government that had the enlightenment to print them.

It is, therefore, with great regret that we see the action of Congress recently, which threatens to impede the proper publication of the Medical and Surgical History of the War. The circumstances are these: On July 28th, 1866, an appropriation of \$60,000 was made for the preparation and publication of 5,000 copies of the first volume of the Medical and Surgical History of the Rebellion, compiled by the Surgeon General, and a like number of copies of the Medical Statistics of the Provost-

Marshal General's Bureau, compiled and to be completed by Surgeon J. H. BAXTER. No division of this sum was made, and it was presumed that in such division reference would be had to the magnitude and value of the two undertakings. Now no one will be disposed to underrate the value of the statistics of the Provost-Marshal General's Bureau; but no one will be disposed to rank them equal to the statistics of the Surgeon-General's Office. With astonishment and regret therefore we saw that on June 8th, 1868, the following law was passed:

That of the appropriation of sixty thousand dollars for publishing the Medical and Surgical History of the Rebellion and the Medical Statistics of the Provost-Marshal General's office, made in an act approved July twenty-eight, eighteen hundred and sixty-six, thirty thousand dollars shall be devoted to the preparation and publication of five thousand copies of the Medical Statistics of the Provost-Marshal General's Bureau, and that the work shall be compiled and completed by Assistant Medical Purveyor J. H. BAXTER, under the immediate direction of the Secretary of War, and without the interference of any other officer.

Approved June 8, 1868.

This was the more remarkable as the Surgeon General's report handed in through the Secretary of War showed that there had already been disbursed on account of the Medical and Surgical History, \$34,417 91, and on account of the Medical Statistics of the Provost-Marshal General's Bureau, \$5,845 33, leaving \$19,736 76 of the appropriation unexpended. The matter was referred to the Committee of the Judiciary, who, on July 22d, submitted a report to the Senate showing that since the passage of the act of June 8, there had been paid out on account of the Medical and Surgical History, \$1,741 75. They therefore submitted the following resolution, which was agreed to by the Senate, July 25.

*Resolved*, That under existing laws the balance of the appropriation of sixty thousand dollars made July 28, 1866, for the preparation, under the direction of the Secretary of War, of five thousand copies of the first volume of the Medical and Surgical History of the Rebellion, compiled by the Surgeon-General, and the preparation and publication of a like number of the Medical Statistics of the Provost-Marshal General's Bureau, compiled and to be compiled by Surgeon J. H. BAXTER, to wit, the sum of \$19,736, must be applied exclusively to the latter work.

It would appear from this that the work on

the History must cease until another appropriation is made. This we sincerely hope will be soon, as it is a disgrace to the nation that an undertaking of this magnitude and importance must be stopped for the want of a few thousand dollars, when Congress is squandering millions annually in sustaining sinecures and overpaying contractors and railroad men.

#### LIFE INSURANCE.

We call the attention of our readers to the advertisement of the National Life Insurance Company of the United States of America, which appears in this number, and especially commend the advantages it offers to the insured in its low rates for *ordinary life* and also the "*return premium*" and "*income producing*" policies.

This is a subject which presents peculiar claims to medical men who carry their lives in their hands, and to whom it rarely happens to lay by enough for their families even when more than usually successful. Being newly organized it will require the services of competent and well educated men to act as Examiners in every section of the country. To regularly educated physicians and those skilled in physical diagnosis an excellent opportunity is here offered, and we are informed that applications for the position will be received by the Medical Director at the Branch office in Philadelphia.

### Notes and Comments.

#### A Missionary Physician—What he has done.

Dr. HENRY S. WEST reached Corning, N. Y., with his family recently, from Sivas, Eastern Turkey, where he has been for nearly ten years, a Missionary Physician, under the direction of the American Board of Commissioners for Foreign Missions. Dr. West is a native of Binghamton, and a graduate of the College of Physicians and Surgeons in New York city.

He has been a very laborious and useful missionary.

The knowledge of native physicians of Asia Minor is exceedingly limited, and they have no skill in surgery. Accordingly the services of Dr. West have always been in great demand, especially among the more intelligent and wealthy

of the people. Thus the skillful physician becomes a man of large influence with all classes, and has access to men of rank, wealth, and official position; and this influence is all the greater because proper remuneration is expected for his services. His standing enables him frequently to protect missionaries, and to secure justice to native converts to Christianity, thus rendering important aid to the missionary work. A cultivated and earnest Christian physician is also enabled to press home truth upon minds otherwise inaccessible to ordinary Christian effort.

Dr. West, besides earning enough to pay his own salary, has been able from the medical fund to furnish additional means for carrying forward the general missionary work.

Surgeons will appreciate something of the nature of his professional work when informed that, beside the ordinary routine of medical and surgical practice, he has operated sixty-nine times for stone in the bladder, performed herniotomy eight times, and has had several hundred operations for various ophthalmic diseases, which are very common in Turkey.

Besides his own practice, he has taken two classes of native physicians, consisting of seven persons each, through a regular course of instruction in the art of healing. In leaving the missionary work for a season, it is no small gratification that most of these, his students, are efficient practitioners in different parts of Asia Minor, and will thus be of great service to the missionaries and their families.

#### Criminal Abortion.

Two physicians were arrested in Hartford on the 3d inst. for doing that for a "respectable married woman" which the Roman Catholic Church calls murder. They have been placed under very light bonds—\$1,500 and \$500—and will probably escape punishment.

A cotemporary in commenting on this item observes that the medical profession alone can put a stop to this evil. It adds,

"It is a melancholy fact that even the respectable members of the medical profession are inclined to tacitly aid and abet the wicked practice, rather than discourage it. We once heard one of the most celebrated medical professors in the City of New York touch upon the matter of 'propriety' in regard to this subject. He hesitated, seemed hardly to know what to say, and spoke about as follows—several hundred embryo doctors were listening to him:

"Now, young gentlemen—as to the—morality—I should say, perhaps—the propriety—of do-

ing this thing—I—should—advise—you—on the whole—but perhaps—after all—it may be as well—to—of course each must be—in a—measure—his—own—judge—but I would—advise—you—to—to—but we will return to the question which we were discussing—the effect of the medicine referred to.”

#### Mr. Bergh on Meat.

The *Herald of Health* has criticised Mr. BERGH for endeavoring to induce American people to make use of horseflesh as an article of food. Mr. BERGH writes to the editor of that journal:

“I believe, as you do, that the abolition of the use of the flesh of all animals would result in physical and moral improvement to our race. Having been in countries where meat is rarely if ever eaten, and having observed the superior endurance of fatigue as well as the gentleness of character of the inhabitants, I feel convinced that the slaughter of dumb animals, and the devouring of their flesh account for the largest share of the moral and physical diseases which affect mankind.

“I have had an Arab of the desert run behind my horse a distance of twelve miles without betraying the least sign of fatigue, and the cheerful fellow had never tasted meat.”

Mr. BERGH adds that he can eat meat, because of habit. Others eat horseflesh, but not because of habit.

#### The Hypodermic Syringe.

H. V. PASSAGE, M.D., of Peru, Ind., in a private note, says: “Mr. STOHLMAN, of the firm of TIEMAN & Co., N. Y., made the first hypodermic syringe at the request, and for the use, of the late Prof. BRAINARD, over twenty years ago. The French condemned the instrument when it was exhibited to them and its uses explained by Dr. B., but long afterwards claimed it as a specimen of French invention.”

#### New Clinic Hall at Pennsylvania Hospital.

A new and commodious hall for the purposes of clinical instruction is now in course of erection at the Pennsylvania Hospital. It is being built on the avenue leading directly from the entrance on Eighth street, its front being towards the east. The ground floor is subdivided into a number of rooms, and a carriage-way runs through its centre. The hall or lecture room is above, on the first floor. The structure is octagon in shape, each side having a length of thirty feet. The face and corners are neatly dressed

with gray stone. The height of the building, which is to be surmounted by a small dome, is about fifty feet. The lecture room is to be arranged in amphitheatre style, the seats circling it, save where the operating table occupies the space, and gradually rising one above the other.

#### Deaths from Sunstroke.

An examination of the statistics of death from sunstroke in the city of New York, gives the following exhibit: In August, 1853, 224 persons died from sunstroke; in 1863, there were 135 deaths from the same cause; in 1866, there were 230 deaths from sunstroke, and during the present year up to Saturday, the 18th ult., there were no less than 833 deaths from heat alone, as reported by the papers.

#### Preservation Against Cholera.

Dr. LA ROCHE, of Kurnik, recommends quinia for this purpose, and states that this remedy is of no less value against this disease than vaccination against the small-pox. Adults take, at the approach of the epidemic, twenty-four grains in hourly doses of two grains; afterwards, for three weeks, two grains three times a-day, when the dose is diminished to two grains morning and night, and this continued until after the disappearance of cholera. The regimen must, of course, be a proper one, and the well-known rules for the prevention of cholera must be strictly observed.—(*Ph. Centralhalle.*)

#### Infant Mortality.

The *Courier Médicale*, of Paris, contains an able article upon infant mortality. It attributes it largely to the insufficiency of bone tissue, and says that the milk of a healthy nurse ought to contain more phosphate of lime—the basis of osseous tissue—than is often the case. Scarcely one in ten women come up to the proper standard in this respect, and as a consequence infants necessarily perish or grow up sickly or deformed.

#### Metric Weights and Measures.

We see, from the London *Chemist and Druggist*, that the metric system of weights and measures has been discussed by the House of Commons, and a bill for insuring its adoption in the United Kingdom has been read a second time. The further consideration of the bill was deferred until after the publication of the report of the International Commission on Weights and Measures. We learn with pleasure that the adoption of the metric system has been recom-

mended by the Liverpool Chemists' Association, in a resolution carried unanimously at a recent meeting, and we hope that a similar action will be taken by the American Pharmaceutical Association. One coinage, one system of weights and measures, one alphabet, and one code of international law, these are the requirements of the century.

## Correspondence.

### DOMESTIC.

#### Vulnerary Remedies.

EDITORS OF MEDICAL AND SURGICAL REPORTER:

An article in the last number of the "REPORTER," claiming *vulnerary powers* for the *exotic plant, calendula*, or garden marigold, suggests the inquiry whether there are any remedies which possess such powers? The writer of this is wholly incredulous in regard to the existence of any such; and it seems like going back to the dark ages of medicine, when those who wrote on the subject seem to have been incapable of discriminating real from pretended facts. It is not remarkable that the ancient writers on medicine should have claimed such vulnerary properties in various simples, as they explained the action of all drugs on the absurd theory that each possessed, in a certain degree, certain *hot or cold, dry or humid* properties, which adapted them to the varying states of the body; the cold to conditions of excessive heat, the hot to the opposite; dry remedies to moist states, and *vice versa*. They made four degrees or orders of cooling remedies, and four of heating or desiccating; and corresponding to these, four degrees of the hot temperament, and four of the cold, so that all they had to do in prescribing was to select for each of these degrees that remedy which was supposed to have the same degree of the opposite quality. The doctrine of *signatures* also prevailed to some extent, as is seen in the works of GALEN, CELSUS, DIOSCORIDES, PLINY, etc., and hence they recommended the *calendula*, as a sovereign remedy for *icterus*, and to promote the menstrual flow; "a prescription," says MERAT and SENS, (*Dict. de Mat. Med.*, tom. 1, p. 331.) "which seems to have been connected with the reddish color of the flowers of the plant." The ancient writers on *materia medica* also regarded the marigold (*calendula*) as a powerful sudorific alexipharmic, (or antidote to poisons); and consequently recommended it in malignant fevers,

the plague, etc. Now if we examine the works of the old English herbalists, GERARD, PARKINSON, CULPEPPER, etc., down to the days of QUINCY, and even later, we find this old Galenical theory of the action of medicines adopted, as well as that of signatures; and the same notion exists everywhere, even at this time, among the English common people,—indeed the whole Anglo-Saxon race. It is astonishing with what tenacity this old doctrine still adheres to the popular belief. This superstitious conceit would seem to have more vitality than even alchemy or astral influence. A belief in vulneraries is a remnant of the same superstition. Incised wounds did admirably 200 years ago, when the treatment was applied to the *weapon* that inflicted them; nothing being done to the wounds themselves, *only carefully cleansing and binding them up with clean linen rags, thus excluding the air, and leaving them alone for seven days*; when the bandages were removed, and they were found perfectly united.

Vulnerary or traumatic remedies have been defined to be such as have the power of healing wounds, contusions, bruises, etc. Among these are the *balsams of tolu, peru*, etc.; the different *resins*, and *gum-resins*, as myrrh and turpentine; all the old writers recommend these in the form of unguents, fomentations, cataplasms, etc.; used internally, also, as well as locally. We know, however, that wounds of every kind heal spontaneously, and need no remedies but rest, apposition of cut surfaces, simple dressings, and in some cases, lotions of cold water, or alcohol and water, if there is much inflammation. The cases of wounds, which are related in your journal, as showing the specific curative powers of marigold, were healed by "washing, adjusting, holding in proper juxtaposition, and the application of the diluted tincture to the wounded parts, by saturating surgeon's lint, or fine old muslin cloths, and keeping them constantly wet." This was excellent treatment, but the use of the drug was, no doubt, a work of supererogation. We may admire the humanity of the Samaritan, who poured *oil and wine* into the wounds of the Levite, though, at the present day, we can hardly admit his surgical skill! And so of the whole tribe of vulneraries, so-called, which have long since ceased to be used by scientific physicians, and fallen into the domain of popular and domestic medicine. Let the empirics boast of their healing salves and washes, but let the educated surgeon give them a wide birth.

C. A. LEE, M.D.

Peekskill, N. Y.

**Poisoning by Opium.**

EDITORS MEDICAL AND SURGICAL REPORTER:

I send the following report of a case of poisoning by opium, believing that its publication in your widely circulated journal will prove interesting to the Profession:

At about 5 o'clock, P. M., on the 21st of July last, I was summoned in haste by the father, J. C., to visit his child, five weeks old, at his residence in this village; he could give me no history of the case, but said the child was bad apparently with spasms. I started as soon as possible, but on my road to his house I again discovered the anxious parent running rapidly toward me beckoning and beseeching me to hasten, his child was dying; they had now discovered that the mother by mistake had given the child from half to three-fourths of a teaspoonful of laudanum; arriving I found the child apparently in the very jaws of death, the circulatory and respiratory organs had nearly ceased to act, the face and entire surface were congested with dark venous blood presenting a dark purple hue, so nearly had the functions of the lungs ceased to act. The opium had been given some three or four hours before my arrival, and of course had been all taken up by the blood vessels, and was now coursing through the veins and arteries and permeating every organ and tissue of the body. To my mind the hopes of reaching the poison and counteracting its effects, before the already flickering spark of vitality ceased altogether, were extremely faint. The mother was almost frantic with grief; was it possible that by the aid of science and God's blessing I might bring joy and gladness to that stricken heart? With such thoughts and this mournful scene of excitement before me, it was with very faint hopes (though with perfect and composed consciousness,) that I employed the only means so far as yet discovered by which possibly the child's life might be saved, that I took from my pocket-case a vial of the tr. of atropia belladonna and administered gtt. xv., repeating every few minutes until I had given about the same amount as had been given of the opiate to the child, and although the stomach and bowels were in effect paralyzed, I ordered large doses of oil and nauseates, also had every means employed to keep the child aroused. At intervals for a short period the pulse and respiration would entirely cease, but slowly again would animation return; unceasingly were these efforts continued to keep up a degree of action in the bodily organs until one o'clock the following morning, when

for the first time vomiting took place and after a time the bowels were freely evacuated; soon consciousness returned, and from this time on the child improved, and in from three to four days thereafter was, as far as I was able to discover, as well and hearty as ever, and thus still remains. My experience in this case has proved conclusively to my mind that the belladonna is a sure antidote for opium. I had before used the tincture as an antidote for the effects of opium, where the patients made good recoveries, but never before have I had a case where I could positively state that it was the saving power, as in this. My observation induces me to believe that the virtues of this drug as an antidote for opium poisoning are neither generally known nor properly appreciated by the profession. I am now convinced that it is a safeguard of which every family should know and be possessed.

B. F. REYNOLDS, M. D.

*Hutton, Pa., Aug. 4th.*

**A Case of Sudden Death.**

EDITORS MEDICAL AND SURGICAL REPORTER:

John Davis, a citizen of this place, died instantly August 2d, about 9 A. M. Mr. Davis had been somewhat indisposed for several days, but was able to be around. He ate his breakfast as usual and walked to the Barber shop to get shaved; while waiting and conversing with some friends, he fell over and expired in a moment. The occurrence created considerable excitement. An autopsical examination disclosed chronic inflammation and considerable disorganization of the gastric mucous membrane. Also fatty degeneration of the right side of the heart, the outer wall of the right ventricle being reduced to a thickness not exceeding 1-16 of an inch in its centre, but was not ruptured, as is sometimes the case in such conditions of the heart. The above conditions not affording satisfactory cause for the suddenness of death, further examination revealed a thrombe situated at the bifurcation of the pulmonary artery. The artery being completely plugged by the fibrinous coagula, and thereby cutting off the flow of blood to the lungs. The case was one of much interest. I would be glad to receive an opinion from the Profession as to whether the coagulation of the fibrin was caused by the inflammatory condition of the gastric membrane and consequent debility, or whether the condition of the heart was in any way the exciting cause, and whether the casualty could have been prevented by any treatment instituted a week previous, and what the treatment should have been to have prevented the

coagulation of the fibrin. These are questions of interest, and I am desirous of receiving further light on this subject than that I am able to obtain from the books.

J. J. LITTLEFIELD, M. D.

Dundee, Mich., August, 1868.

#### "The Blue Baby."

EDITORS OF THE MEDICAL AND SURG. REPORTER:

Having noticed the letter of Dr. W. B. TACKETT in regard to the blue baby, and the answer of Dr. J. C. SCHENCK thereto, explaining that the cyanosed condition was evidently due to non-closure of the foramen ovale, the question occurred to me, if non-closure of the foramen ovale will give rise to cyanosis, why are not all babies blue up to the tenth day after birth, since this foramen is never closed until that time?

CONDIE attributes cyanosis to a narrowing or contraction of the pulmonary artery, and this is undoubtedly the most satisfactory explanation, especially as it has been borne out by numerous dissections. The small calibre of the vessel prevents the necessary quantity of blood from reaching the lungs, the conversion of venous into arterial blood takes place only to a small extent, and the venous blood accumulates in the right side of the heart and throughout the whole venous system. Where the foramen ovale has been found open in these cases, after the tenth day, it has probably been prevented from closing by the distended condition of the right auricle, but it has borne no causative relation to the cyanosis.

This view of the pathology of the affection would also account for the oedema of the lower extremities mentioned by Dr. TACKETT, for this condition would involve a decided obstruction to the circulation, which non-closure of the foramen ovale would not do.

WM. EKWURZEL, M. D.

Philadelphia, July 27, 1868.

#### Injurious Habits.

EDITORS MED. AND SURG. REPORTER:

Two prominent causes of disease with us are tobacco and alcohol. The demand for these potent substances may be prompted to relieve the excitement and depression which have pervaded all grades of society for several years past. I have known persons to suffer from amaurosis, mania a potu and epilepsy, from the abuse of the two combined, and despair of the application of a remedy for such vices, unless the Faculty will be urgent to discourage an indiscriminate use of them. Arctic explorers affirm that tea or coffee will support the bodies of men under great or

little fatigue infinitely beyond whisky, wine or cider, and Dr. DUNGLISON states in his work on *Materia Medica*, that less than a dram of tobacco has proved fatal, yet the chewer, smoker, or dipper of snuff will use treble this quantity. DICKENS was right to designate Washington City as "the headquarters of tobacco tinctured saliva." If the youth of America need proof of the injurious effects either of tobacco or strong drink, let them turn to the Statistics of Hospitals for the Insane and of Incurables, and they will be amply satisfied, and if a collegian, they will find from the last report of the Polytechnic School in Paris, that the smokers in the various competitive examinations were far inferior to the non-smokers.

Virginia.

F. HORNER, M. D.

#### A Singular Remedy.

EDITORS MED. AND SURG. REPORTER:

My attention was called, a short time since, to a novel, but nevertheless successful remedy. While rendering medical assistance to an extremely sick patient with an obstinate attack of cholera morbus, all of my heroic remedies were of no effect until, by request, a large onion was peeled and cut in half, and one half placed in each axilla. In several attacks since that time, have I seen this remedy promptly control the incessant vomiting, and relieve the distressing nausea.

Will the editors or some one of the readers of the REPORTER give me some explanation of the *modus operandi*?

F. R. GREGORY, M. D.

Sassafras Fork, N. Ca., July 31, 1868.

[We would prefer to witness the experiment successfully tried in other cases, before offering or listening to any explanation of the *modus operandi*.—Eds.]

#### University of Michigan.

EDITORS MED. AND SURG. REPORTER:

I notice in the July 4th number of your journal, you allude to the Medical Department of the University of Michigan as having introduced into it a chair of some medical-ism or pathy, etc. It is true an act of the legislature made a grant of money to the University, attached to which, to secure its passage, was a promise that a chair of homœopathy be maintained in the medical department. The Regents who govern the University made every effort in their power to secure the money without actually introducing the Homœopathic Professor into the medical school at Ann Arbor, but finding it impracticable, and finding also that it was impossible to sustain a

mongrel school, the whole thing is abandoned—the money, a large annual sum, will not be received from the State, and the Medical School will go on as heretofore entirely free from any ism or pathy. It is due to the Faculty who have resisted this measure, to the Regents who have come to understand its impracticability, and to the cause of true medical science, which has so far triumphed, that the public should be informed of the true state of things.

I do not doubt you will be happy to state the substantial facts in your widely circulated journal.

A circular was sent you some days ago, and another will be by this mail, to which I would refer for another statement of the facts.

A. B. PALMER, M. D.,  
Prof. Practice of Medicine.

*Ann Arbor, Mich.*

#### Fracture of the Skull.

EDITORS MED. AND SURG. REPORTER:

I desire to report this case for the purpose of showing how guardedly we should make a prognosis in similar cases at first.

Leopold Weis, on the evening of the 10th of July, fell through an open hatchway, on a brick floor twelve feet below, in Brown's Brewery, striking on the back of his head and shoulders. There were two contused lacerated wounds on the head, one on the back part of the parietal bone, one inch and a half long, and the other over the upper and central part of the occipital, an inch in length. There was a considerable contusion of the left shoulder and side below the scapula. On examining the wounds with a probe, I could not detect a fracture in the bones of the head. He was conscious, answered questions, and complained of pain in the head and shoulders; gave an anodyne, and ordered cold applications to the injuries; saw him next morning early; found him conscious, but dull of apprehension; was told that he had sent for a German doctor, who had unceremoniously taken charge of the case, and I discontinued. I thought, in the morning, that he ought to be bled freely; he was not.

On July 11th, P. M., he was admitted into Charity Hospital. He was rational, but drowsy, from Sunday morning until Thursday morning, when, while sitting up on a chair, he fell backward and struck his head on the floor, causing the wound to bleed a little. He was taken and put to bed. In an hour from that time he had an epileptiform convulsion, followed, in five minutes, by another, and these continued every

five or ten minutes, until he had thirty-four, in the last of which he died.

The next morning, Dr. WEED, House Physician, made a post-mortem examination, at which I was present. On removing the calvaria, there was found a fracture one-third across the left parietal, and across the occipital fossa to within half an inch of the foramen magnum, and a firm clot filling up the occipital fossa over the fracture. On this side, there was no displacement of the sides of the fracture. On the opposite side, in the bottom of the occipital sulcus, three-fourths of an inch from the edge of the foramen magnum, there was a stellate fracture, with the side next the foramen magnum elevated, as viewed from within. The whole right side of the brain had been disturbed from the violent concussion. This man, with all this injury, lived some days, and most of the time without any untoward symptoms, until the occurrence of the convulsions. I have seen several accidents with fracture at the base of the brain, in which bad symptoms did not present themselves for several days. In this case no man could have diagnosed the condition. In the light of such cases, surgeons ought to be cautious in making an opinion.

W. J. SCOTT, M. D.

*Cleveland, Ohio.*

## News and Miscellany.

### The New Harvard Dental School.

The school of dentistry connected with Harvard University has just been organized, and the first regular session will begin on the first Wednesday of November and continue four months. The following is the roll of the faculty:

NATHAN C. KEEP, M. D., D. D. S., Professor of Mechanical Dentistry; OLIVER W. HOLMES, M. D., Professor of Anatomy and Physiology; HENRY J. BIGELOW, M. D., Professor of Surgery and Clinical Surgery; JOHN BACON, M. D., Professor of Chemistry; THOMAS B. HITCHCOCK, M. D., Professor of Dental Pathology and Therapeutics; GEORGE T. MOFFATT, M. D., Professor of Operative Dentistry; LUTHER D. SHEPARD, D. D. S., Adjunct Professor of Operative Dentistry; ELBRIDGE G. LEACH, D. D. S., University Lecturer on Pathology and Therapeutics; IRA A. SALMON, D. D. S., University Lecturer on Operative Dentistry; NATHANIEL W. HAWSE, Demonstrator of Operative Dentistry; SAMUEL F. HAM, Demonstrator of Mechanical Dentistry; CHARLES B. PORTER, M. D., Demonstrator of Practical Anatomy; N. C. KEEP, M. D., D. D. S., Dean of the Faculty.

**The Cattle Disease.**

The cattle in the western markets have been dying in large numbers, from a new and not yet well ascertained disease. By some it is supposed to have been brought from Texas, but of this there is much doubt. We have given in the July number of the *Half-Yearly Compendium* some valuable recent views and investigations on the subject of the cattle plague, and obviously we have here to do with a different disease.

The symptoms are thus described: The animal at first becomes drowsy or stupid, which is followed by constipation of the alimentary or urinary canals. By straining and over-exertion they seem to rupture themselves internally, and blood is discharged. The animal subsequently swells up and dies. Nearly all of these cattle are literally covered with a species of insect resembling the wood-tick, but much larger, being nearly half an inch in length, and about a quarter of an inch broad, and of a gray color. They bury themselves in the skin of the animal, especially on the inside of the flanks, and at other points where the hide is thinnest. They glut themselves with blood, and then drop off, unless they are well gripped in the skin. When they drop off, they leave the spot swollen and inflamed.

Stringent measures of quarantine should be adopted, and the clerks of markets should be urged to give especial attention to beef, so that the health of the public does not suffer.

It is stated by Prof. GRANGER that the origin of the disease is found in the use of the young succulent shoots of peculiar trees, highly charged with astringent principles. Native cattle, he states, do not communicate the disease to other native cattle.

We believe these opinions to be hasty, and not wholly dependable. The bug mentioned is of a gray color, and looks like the *garrapata* frequently found in South America, but is thought far more dangerous. It is probably, however, a consequence rather than a cause of the disease, like the *podex ægrotantium* of the human subject.

**Aniline Poisoning.**

Aniline poisoning can be detected as follows: Macerate the contents of the stomach with water containing a little sulphuric acid, add an excess of solution of potassa, and distil; add a little sulphuric acid to the distillate, and evaporate. If aniline is present, a purple or red margin will be formed at the top of solution where it touches the vessel.

**Treatment of Sunstroke.**

The new treatment of this terrible complaint by heat is being received with favor. Recently, Dr. F. G. HERRON, one of the City Physicians of Cincinnati, Ohio, tried it in two cases, with success. Instead of cold water, he applied warm water to the head, in cloths, the water as hot as the skin could bear without injury. The effect was very striking, restoring the patient to consciousness very soon. Then, as a stimulant, he administered *liquor ammoniæ acetatis*.

In this city it was tried in a number of cases, with, it is said, excellent results. But we lack trustworthy reports. Can they be given us?

**Solvent Power of Glycerine.**

The solvent power of glycerine upon several substances commonly used in medicine and the arts, is as follows: One part of sulphur requires 2000 parts of glycerine; iodine, 100 parts; red iodide of mercury, 340 parts; corrosive sublimate, 14 parts; sulphate of quinine, 48 parts; tannin, 6 parts; veratria, 96 parts; atropia, 50 parts; hydrochlorate of morphia, 19 parts; tartar emetic, 50 parts; iodide of sulphur, 60 parts; iodide of potassium, 3 parts; sulphide of potassium, 10 parts.

— We observe that Dr. R. PAYNE has been elected President of the Clark County (Illinois) Agricultural Society, and has delivered a stirring and sound address at its late meeting. Happy the disciple of *Æsculapius* who can so successfully woo Ceres at the same time!

— The *Paris Presse* reports that the health of the Princess CHARLOTTE is in no way improved, but that, on the contrary, her reason wanders more and more. She has formed the design of going to Miramar, and the greatest pains are necessary to divert her from this project. It is feared she may make her escape from the chateau of Laeken, and hence all the exits of the building are strictly guarded, and the number of sentinels doubled.

— The excessive heat prevailing in England has largely increased the bills of mortality. During the week ending July 18, the rate in London was 27 in the thousand, while at Manchester it was as high as 39. Week by week the deaths in the large towns in England have steadily increased from 22 per thousand in the beginning of June, to 28. The increase has been greatest in London, Liverpool, Manchester, Birmingham and Sheffield, and has been almost entirely due to the prevalence of summer diarrhoea.

— The city council of Kansas City has passed an ordinance requiring all physicians and midwives to register all births and deaths occurring within their practice in that city, with the City Physician, on a penalty of from \$5 to \$25 for each delinquency.

The doctors pay the penalty, but who gets pay for the work they do?

— In Michigan recently thirty-five men went into a harvest field to cut grain. About ten A. M. no less than sixteen of them had been sun stricken, the majority of whom died under the exposure. Such an instance of wholesale casualty has hardly a parallel in the history of this country.

— Two brothers named PAYNE, who are exhibiting in Lowell all the singular manifestations which the DAVENPORTS and others have dubbed "spiritual," explain their deeds as simply the exertion of the immense power of the human will.

— The Columbus schedule of the personal property the late Dr. LINCOLN GOODALE was filed at the Probate Judge's office, recently. The value of stock bonds, etc., is \$333,252.75; notes and accounts, \$96,638.81; household goods, furniture, etc., \$7,100.09; money, \$6,584.30. Total, \$443,575.75.

— *The Cincinnati Times* of Saturday says: "Dr. Hess, a man of splendid education—a Doctor of medicine and a journalist—was yesterday sent to the Workhouse for thirty days, from the Police Court, as a vagrant. Liquor has ruined him."

**READERS OF THE REPORTER ARE INVITED TO send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."**

#### NAVY NEWS.

List of changes, etc., in the Medical Corps of the Navy, during the week ending August 8th, 1868.

Surgeon J. Beale and Ass't Surgeon H. N. Beaumont, detached from the U. S. S. Hartford, and placed on waiting orders.

Passed Ass't Surgeon Wm. S. Fort, detached from the Naval Academy, Annapolis, Md., and placed on waiting orders.

Passed Ass't Surgeon L. M. Lyon, ordered to the Naval Academy, Annapolis.

Acting Passed Ass't Surgeon Wm. Gale, Honorably discharged.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

#### MARRIED.

BRECKINRIDGE-DUDLEY.—At the residence of Dr. H. Skillman, Lexington, Ky., July 21st, by the Rev. R. J. Breckinridge, D.D., Major Joseph C. Breckinridge, United States Army, and Miss Lou. L., daughter of the late Dr. Ethelbert L. Dudley.

SAGE-SNOWDEN.—On the 29th ult., at the residence of the bride's uncle, Dr. John Davis, by Rev. O. N. Sage, Lida G., daughter of the late Dr. C. G. Snowden, of Freeport, Pa., and Rev. A. Judson Sage, of Philadelphia.

THOMAS-MILNER.—In Odd Fellows' Hall, at their festival, Alliance, Ohio, on the 2d ult., by Rev. Goodwin, D.D., Prof. R. G. Thomas, M.D., and Miss Rosanna Milner, all of Alliance, Stark county, Ohio.

#### DIED.

AGNEW.—On the 3d inst., at the residence of her son, Hon. Daniel Agnew, in Beaver, in the eighty-fifth year of her age, Mrs. Sarah Howell Agnew, relict of the late James Agnew, M.D., of Pittsburgh.

DICKINSON.—At Colchester, Conn., Aug. 2, of consumption, Dr. L. L. Dickinson.

ELDER.—At Armagh, Pa., June 17th, 1868, Dr. Samuel M. Elder, in the 38th year of his age, a graduate of Jefferson Medical College of this city.

MARTIN.—At Martinsville, N. J., July 31st, Dr. Samuel K. Martin.

YELLOLY.—At White Haven, Md., on the 3d inst., Dr. G. T. Yelloly, in the 48th year of his age.

#### METEOROLOGY.

July.	27.	28.	29.	30.	31.	A. 1.	2.
Wind.....	E.	N. E.	S. E.	S.	S. W.	S. W.	S.
	Clear.	Clear.	Cl'dy.	Hazy.	Cl'dy.	Clear.	Clear.
Weather....							
Depth Rain..							
Thermometer.							
Maximum.....	64°	60°	62°	66°	66°	68°	67°
At 8 A. M.....	74	72	72	74	77	78	81
At 12 M.....	71	81	83	83	84	87	83
At 3 P. M.....	71	82	84	87	86	87	83
Mean.....	70.	73.75	75.25	77.50	78.25	80.	78.50
Barometer.							
At 12 M.....	30.	30.2	30.2	30.2	30.1	29.9	29.8
Germantown, Pa.				B. J. LEEDOM.			

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